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28517

DEC 29 2003

TRANSMITTAL  
FORM

Application Number 09/802,482  
Filing Date March 9, 2001  
First Named Inventor Wegerich  
Art Unit 2857  
Examiner Name Paul L. KIM  
Attorney Docket Number 086470-9014

Total Number of Pages in This Submission 1

ENCLOSURES (check all that apply)

- ☒ Amendment/Reply  
☒ Before Final  
☐ After Final  
☐ Affidavits/Declarations  
☐ Information Disclosure Statement  
☐ PTO-1449 Form(s)  
☐ Cited References  
☐ Certified Copy of Priority Document  
☐ Response to Missing Parts/Incomplete Application  
☐ Terminal Disclaimer  
☐ Status Letter

PETITION FOR EXTENSION OF TIME

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

- ☐ Applicant(s) claims small entity status under 37 CFR 1.27.  
☐ Applicant(s) petitions for a three-month extension of time and pay the fee of \$475.00 (37 CFR 1.17(a)(1)-(5)).  
☐ Applicant(s) believes that no petition for an extension of time is necessary (37 CFR 1.36(c)); however, applicant(s) hereby petition for sufficient extension of time to render the present submission timely.

CLAIMS FEES

- ☐ No additional claim fee is required.

				Small Entity		Large Entity	
	Claims Remaining After Amendment	Highest Number Previously Paid For	Extra Claims Present	Rate	Addit. Claim Fee	Rate	Addit. Claim Fee
Total	21	23	=0	x 9=	\$	x 18=	\$--
Independent	5	4	=1	x 43=	\$43.00	x 86=	\$43.00
<input type="checkbox"/> First Presentation of Multiple Claim				+ 145=	\$	+ 290=	\$--

ENCLOSED FEES

<input checked="" type="checkbox"/> Additional Claim Fee	\$ 43.00
<input type="checkbox"/> Extension fee for one-month	\$110.00
<input type="checkbox"/> Information Disclosure Statement	\$180.00
<input type="checkbox"/> Surcharge for Missing Parts - Declaration	\$130.00
<input type="checkbox"/> Terminal Disclaimer	\$110.00
<b>TOTAL FEES</b>	<b>\$ 43.00</b>

PAYMENT OF FEES

- ☐ A check in the amount of \$ is enclosed.  
☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-1965.  
☐ The Director is authorized to charge Deposit Account Number 50-1965 in the amount of \$

SIGNATURE OF ATTORNEY

Perry J. Hoffman, Reg. No. 37,150  
MICHAEL BEST & FRIEDRICH, LLC  
401 North Michigan Avenue  
Suite 1900  
Chicago, Illinois 60611  
Telephone: (312) 222-0800  
Facsimile: (312) 222-0818

Signature *PJ Hoffman*  
Date: 12-23-03

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CERTIFICATE OF TRANSMISSION/MAILING

- I her by certify that this correspondence is:  
☐ being facsimile transmitted to the USPTO, facsimile number  
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Typed or printed name Carolyn Hothersall  
Signature *Carolyn Hothersall* Date: 12-23-03

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